



# Pancreatic Enzymes Step Therapy Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

The BCBS MN Step Therapy Supplement also applies to this program for all Commercial/HIM lines of business.

## POLICY REVIEW CYCLE

**Effective Date**  
06-01-2024

**Date of Origin**  
01-01-2024

## FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Pancreaze® (pancrelipase)  Delayed-release capsule	Treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions		1
Pertzye® (pancrelipase)  Delayed-release capsule	Treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions		2
Viokace® (pancrelipase)  Tablet	In combination with a proton pump inhibitor, treatment of exocrine pancreatic insufficiency due to chronic pancreatitis or pancreatectomy		7

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## CLINICAL RATIONALE

Pancreatic Enzyme Replacement Therapy	<p>Failure of the exocrine pancreas is referred to as pancreatic exocrine insufficiency (PEI). PEI results in malnutrition, due to malabsorption of nutrients the catabolic effects of the underlying pancreatic pathology and the impact of the disease on oral intake. Clinically, patients with PEI can present with non-specific gastrointestinal (GI) symptoms reflecting maldigestion, including steatorrhea, weight loss, diarrhea, abdominal pain, and bloating. Consequently, patients may experience symptoms for prolonged periods before PEI is diagnosed. It is increasingly recognized that PEI adversely affects survival. Pancreatic enzyme replacement therapy (PERT) is the cornerstone of treatment and is associated with improved survival and quality of life in patients with PEI.(8)</p> <p>Most people with cystic fibrosis (CF) (80% to 90%) need pancreatic enzyme replacement therapy (PERT) to prevent malnutrition. Enzyme preparations need to be taken whenever food is ingested, and the dose needs to be adjusted according to the</p>
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	<p>food consumed. The current recommendation for PERT from the American Society for Parenteral and Enteral Nutrition is to start with 500 lipase units per kilogram of body weight per meal up to a maximum of 2,500 units/kg/meal or 10,000 units/kg/day. The Cystic Fibrosis Foundation guidelines recommend starting with a low dose of 500 units per gram of dietary fat ingested per day up to 4,000 units per gram. The patient's clinical response should be used to determine the dosing titration regardless of which recommendation or guideline is followed.(3,4) Systematic review did not identify literature supporting a specific enzyme replacement regimen in the treatment of CF. Additionally, guidelines do not specify whether any PERT formulation is better than another for improving any of the most important outcomes (weight, height or body mass index).(4,8)</p> <p>Although PERT has a significant impact on steatorrhea, body mass index (BMI) and lung function, the question still remains whether there is an optimal approach to dosing which could increase fat absorption. It is also not clear whether measurable improvements in fat absorption lead to improvements in measures of overall nutrition and quality of life in people with CF.(5)</p>
Safety	All pancreatic enzyme agents have no FDA labeled contraindications for use.(1,2,7)

## REFERENCES

Number	Reference
1	Pancreaze prescribing Information. VIVUS, Inc. April 2021.
2	Pertzye prescribing information. Digestive Care, Inc. September 2022.
3	Matel, JL. Nutritional management of cystic fibrosis. JPEN. January 2012;36 (Suppl 1):60S-67S.
4	Kapnadak, Siddhartha G., Emily Dimango, et al. Cystic Fibrosis Foundation Consensus Guidelines for the Care of Individuals with Advanced Cystic Fibrosis Lung Disease. Journal of Cystic Fibrosis, vol. 19, no. 3, Feb. 2020, pp. 344-354, <a href="https://doi.org/10.1016/j.jcf.2020.02.015">https://doi.org/10.1016/j.jcf.2020.02.015</a> .
5	Ng C, Major G, Smyth AR. Dosing regimens for pancreatic enzyme replacement therapy (PERT) in cystic fibrosis. Cochrane Database Syst Rev. 2019 Dec 19;2019(12):CD013488. doi: 10.1002/14651858.CD013488.
6	Schwarzenberg, S. J., & Dorsey, J. (2021, July). Pancreatic enzymes clinical care guidelines. Cystic Fibrosis Foundation. <a href="https://www.cff.org/medical-professionals/pancreatic-enzymes-clinical-care-guidelines">https://www.cff.org/medical-professionals/pancreatic-enzymes-clinical-care-guidelines</a>
7	Viokace prescribing information. Nestlé. September 2022.
8	Somaraju URR, Solis-Moya A. Pancreatic enzyme replacement therapy for people with cystic fibrosis. Cochrane Database Syst Rev. 2020 Aug 5;8(8):CD008227. doi: 10.1002/14651858.CD008227.pub4.

## POLICY AGENT SUMMARY STEP THERAPY

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap	2600-8800 UNIT	M ; N ; O ; Y	N		
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap	37000-97300 UNIT	M ; N ; O ; Y	N		
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-35500-61500 Unit	10500-35500 UNIT	M ; N ; O ; Y	N		
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-56800-98400 Unit	16800-56800 UNIT	M ; N ; O ; Y	N		
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-54700-83900 Unit	21000-54700 UNIT	M ; N ; O ; Y	N		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-14200-24600 Unit	4200-14200 UNIT	M ; N ; O ; Y	N		
Pertzye	Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit	16000-57500 UNIT	M ; N ; O ; Y	N		
Pertzye	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-86250-90750 Unit	24000-86250 UNIT	M ; N ; O ; Y	N		
Pertzye	Pancrelipase (Lip-Prot-Amyl) DR Cap 4000-14375-15125 Unit	4000-14375 UNIT	M ; N ; O ; Y	N		
Pertzye	Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit	8000-28750 UNIT	M ; N ; O ; Y	N		
Viokace	pancrelipase (lip-prot-amyl) tab	10440-39150 UNIT ; 20880-78300 UNIT	M ; N ; O ; Y	N		

## CLIENT SUMMARY – STEP THERAPY

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap	2600-8800 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap	37000-97300 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-35500-61500 Unit	10500-35500 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-56800-98400 Unit	16800-56800 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-54700-83900 Unit	21000-54700 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Pancreaze	Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-14200-24600 Unit	4200-14200 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Pertzye	Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit	16000-57500 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Pertzye	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-86250-90750 Unit	24000-86250 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
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Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Marketplace/BasicRx ; KeyRx
Pertzye	Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit	8000-28750 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Viokace	pancrelipase (lip-prot-amyl) tab	10440-39150 UNIT ; 20880-78300 UNIT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

## STEP THERAPY CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval						
	<table border="1"> <thead> <tr> <th>TARGET AGENT(S)</th> <th>PREREQUISITE AGENT(S)</th> </tr> </thead> <tbody> <tr> <td>Pancreaze Pertzye Viokace</td> <td>Creon Zenpep</td> </tr> </tbody> </table> <p><b>Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>The requested agent is eligible for continuation of therapy AND ONE of the following: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Agents Eligible for Continuation of Therapy</th> </tr> </thead> <tbody> <tr> <td>All target agents are eligible for continuation of therapy</td> </tr> </tbody> </table> <ol style="list-style-type: none"> <li>The patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days <b>OR</b></li> <li>The patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days AND is at risk if therapy is changed <b>OR</b></li> </ol> </li> <li>The patient's medication history includes BOTH Creon and Zenpep as indicated by ONE of the following: <ol style="list-style-type: none"> <li>Evidence of a paid claim(s) <b>OR</b></li> <li>The prescriber has stated that the patient has tried BOTH Creon and Zenpep AND BOTH Creon and Zenpep were discontinued due to lack of effectiveness or an adverse event <b>OR</b></li> </ol> </li> <li>The patient is currently being treated with the requested agent as indicated by ALL of the following: <ol style="list-style-type: none"> <li>A statement by the prescriber that the patient is currently taking the requested agent <b>AND</b></li> <li>A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent <b>AND</b></li> <li>The prescriber states that a change in therapy is expected to be ineffective or cause harm <b>OR</b></li> </ol> </li> <li>The prescriber has provided documentation that BOTH Creon and Zenpep cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm</li> </ol> <p><b>Length of Approval:</b> 12 months</p>	TARGET AGENT(S)	PREREQUISITE AGENT(S)	Pancreaze Pertzye Viokace	Creon Zenpep	Agents Eligible for Continuation of Therapy	All target agents are eligible for continuation of therapy
TARGET AGENT(S)	PREREQUISITE AGENT(S)						
Pancreaze Pertzye Viokace	Creon Zenpep						
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